BEST AVAILABLE COPY

								AP	Application or Docket Number				
	PATENT AF		ve Octobe			N RECOR	D		9747	09	1		
		CLAIMS AS	FILED - I		(Colum	ın 2)		MALL EN	יותוי	OR	OTHER		
TOT	AL CLAIMS	31					RATE	FEE		RATE	FEE		
FOR		NUMBER FILED		NUMBE	R EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTA	AL CHARGEAB	LE CLAIMS	3 min	ıs 20=				X\$ 9=	1	OR	X\$18=	19800	
INDE	PENDENT CLA	IMS	5 min	us 3 =		2		X40=		OR	X80=	160.00	
MUL	IULTIPLE DEPENDENT CLAIM PRESENT						t	+135=		OR	+270=		•.
• # #	ne difference i	in column 1 is less than zero, enter "0" in column 2					L	TOTAL		OR	TOTAL	1080	
	CLAIMS AS AMENDED - PART II										OTHER	THAN.	85₹
- 3	-/)	(Column 1)-		(Colui	nn 2)	(Column 3)	. • ·	SMALL		OR:	SMALL		
Z.		CLAIMS REMAINING			BER -	PRESENT EXTRA		RATE	ADDI- TIONAL	٠	RATE	ADDI- TIONAL	<u> </u>
EN		AFTER AMENDA	1000	PAID	FOR		<u> </u>		FEE	=	3 - 20	FEE	
IIZ I	Total		Minus	3	/			X\$ 9=	9= 0	OR	=X\$18≓	يناتج مرجد	- <u>- </u>
N N	Independent	NTATION OF M	Minus	ENDEN	T CLAIM	-	L	X40=		ОЯ	X80=	-	贸
Ш	FIRST FRESCI	IST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=	i5=	OR	+270=		ST
							4	TOTAL ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)				-			1 8
NTB		CLAIMS REMAINING AFTER AMENDMENT	is	NUI PREV	HEST WBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Best Available Cup
DMENT	Total	.31	Minus	. "	31		\prod	X\$ 9=		OR	X\$18=		
AMEN	Independent	9 .	Minus		5	-		X40=		OR	X80=	3.6	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		<u> </u>
							L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEI		1 3
.		(Column 1)		(Colu	umn 2)	(Column 3)				_		٠.	
NTC		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMENT	Total	. 46	Minus		31	- 15	11	X\$ 9=		OR	X\$33	1500	4
AMEN	Independent	. 11	Minus	•••	6	= 5		X40=		OR	785	430-10	1000
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+135=		1	+270=	1	1'
	If the entry in colu	mn 1 is less than	the entry in col	umn 2, wf	ite "0" in a	olumn 3.	l	+135=	 	OR	TOTA	700,00	4
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number.							ADDIT. FEE		_	AOD.1.7 C	t 1.7007	1

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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